

SMOKE IN THE WORKPLACE

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AN EVALUATION OF SMOKING RESTRICTIONS



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**SMOKE IN THE WORKPLACE:
AN EVALUATION
OF SMOKING RESTRICTIONS**



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Smoke in the Workplace: An Evaluation of Smoking Restrictions

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Introduction

Smoking in the workplace has emerged as an important occupational health issue not only because of the well-documented synergistic effects of tobacco smoke and environmental contaminants but also because an increasing body of evidence suggests that involuntary exposure to tobacco smoke in the workplace may be harmful to non-smokers.¹⁻⁵ This report examines the process and impact of smoking restrictions in the workplace in a public-service occupational setting.

In August 1985, a survey of Health and Welfare Canada employees in the National Capital Region elicited information about the prevalence of smoking in the workplace, employee perception of smoking as a general nuisance, symptoms ascribed to smoking in the workplace, the prevalence of specific health conditions exacerbated by smoking, employee attitudes toward work-centred smoking-cessation programs, and the extent to which employees would support various policy options regarding smoking in the workplace.

In January 1987, a new smoking policy banned smoking in all areas of the workplace except in specially designated smoking areas. In most cases, the designated areas were cafeteria facilities. Concurrent with the introduction of the new policy, employees were offered two self-help smoking-cessation programs. The programs, 'Time to Quit' and 'Butt Out', were conducted by public service health nurses and differed mainly in the degree of group participation involved.

A follow-up study of employees one year after the implementation of the new smoking restrictions measured smoking prevalence and selected indicators of the impact of the new policy.

Since any change in the work environment can have both anticipated and unanticipated consequences, the report mentions some of the administrative and practical issues that emerge when changes in workplace smoking are introduced. Although the process by which a smoking policy evolves will be different from one occupational setting to another, some of the problems experienced in a public-service environment may be relevant in other workplace settings. The report concludes with an assessment of the impact of the smoking restrictions on smokers and non-smokers.

Methods

In August 1985, a self-administered questionnaire was distributed to all Health and Welfare Canada employees in the National Capital Region through the Department's mail system. Questions in the survey obtained data relating to the prevalence of smoking in the workplace, employee perception of smoking as a general nuisance, symptoms ascribed to smoke in the workplace, the prevalence of specific health conditions exacerbated by smoking, employee attitudes toward work-centred smoking-cessation programs, and the extent to which employees would support various policy options regarding smoke in the workplace.

In February 1987, 13 months after new guidelines regarding smoking in the workplace were introduced, a second survey obtained data on smoking prevalence, attempts to quit smoking, utilization of smoking-cessation courses, and attitudes toward the efficacy of the new smoking policy.

To ensure the confidentiality of survey responses, personal identifiers were not collected. The employee population numbered 4200 persons. The response rate was 62% in the first survey and 53% in the follow-up survey.

All employees who registered for smoking-cessation courses during the year following the introduction of changes to the smoking policy were monitored by telephone follow-up at 6 weeks, 6 months, and at the end of one year. The telephone follow-up was conducted by co-op health students who were employed by the Department for their work term. The primary criterion of success was continuous smoking cessation for a one-year period. Less stringent criteria included continuous cessation for six months, the prevalence of smoking cessation at 6 weeks, 6 months and one year, and reductions in the number of cigarettes smoked per day at work and in total. Respondents who were lost at follow-up were classified as smokers.

Two TSI model 3500 respirable aerosol mass monitors (Piezo balances) were used to sample respirable suspended particulate levels at 12 separate locations on two floors of two Health and Welfare Canada buildings prior to and one year after the introduction of the new smoking restrictions. Both monitors were carefully calibrated and used conjointly as a check on the reliability of the readings. The average of the two readings was used. Particulate levels were expressed in micrograms per cubic metre ($\mu\text{g}/\text{m}^3$). Respirable particulate concentration measurements may be affected by a range of factors such as weather, temperature, humidity, efficacy of building air filtration systems and frequency of air exchange. To the extent that it was possible, pre- and post-measurements were made under similar conditions.

Paired sample t-tests were used to test differences in suspended particulate levels. Independent sample t-tests were used to compare mean number of cigarettes smoked between surveys. A critical value at the .05 level was used to assess statistical significance.

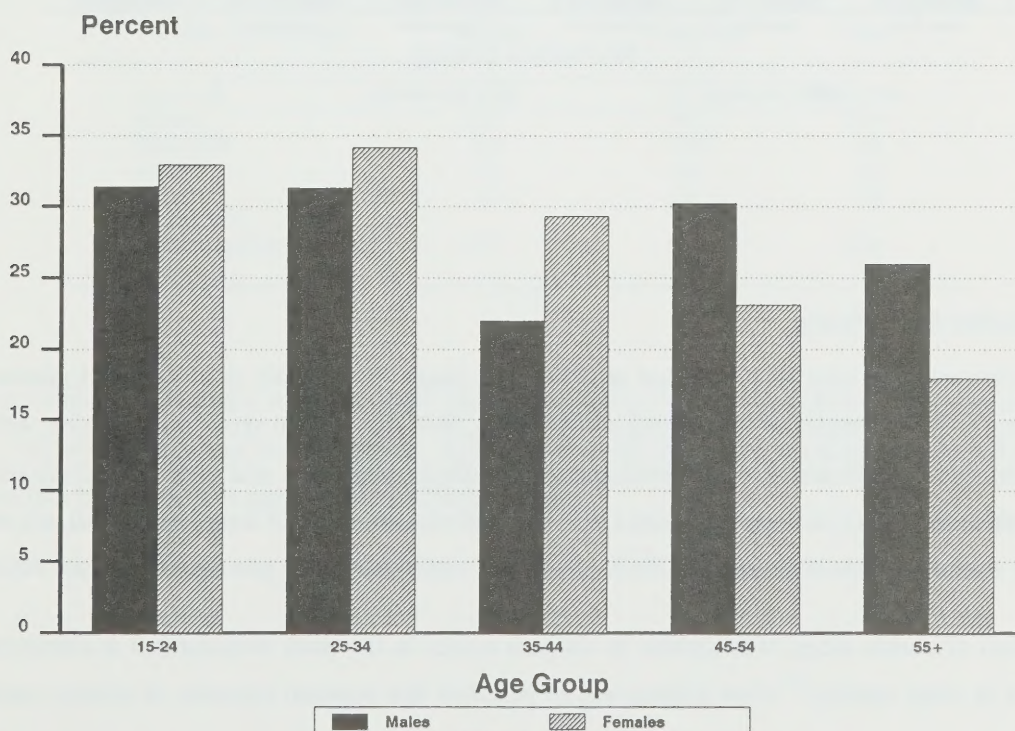
Results

Pre-smoking restriction Survey, August 1985

Smoking Prevalence

In the 1985 survey, respondents were classified into smoking categories on the basis of the question, "How would you describe your current smoking status?" Response options were 'never smoked', 'used to smoke', and 'current smoker'. Current smokers were respondents who indicated that they smoked cigarettes, cigars or a pipe. About 29% of Health and Welfare Canada employees were current smokers. About 40% of the population never smoked and 31% were former smokers. Fig.1 presents data on current smoking, by age and sex, for the 1985 survey. Among both males and females, the highest smoking rates were located in the age groups below age 35. Female smoking rates exceeded male rates in each of the age groups below age 45. However, observed differences were statistically significant only in the 25-34 and 35-44 age groups. In the 45-54 and 55 and over age groups, male smoking rates were higher than female rates. The differences were statistically significant.

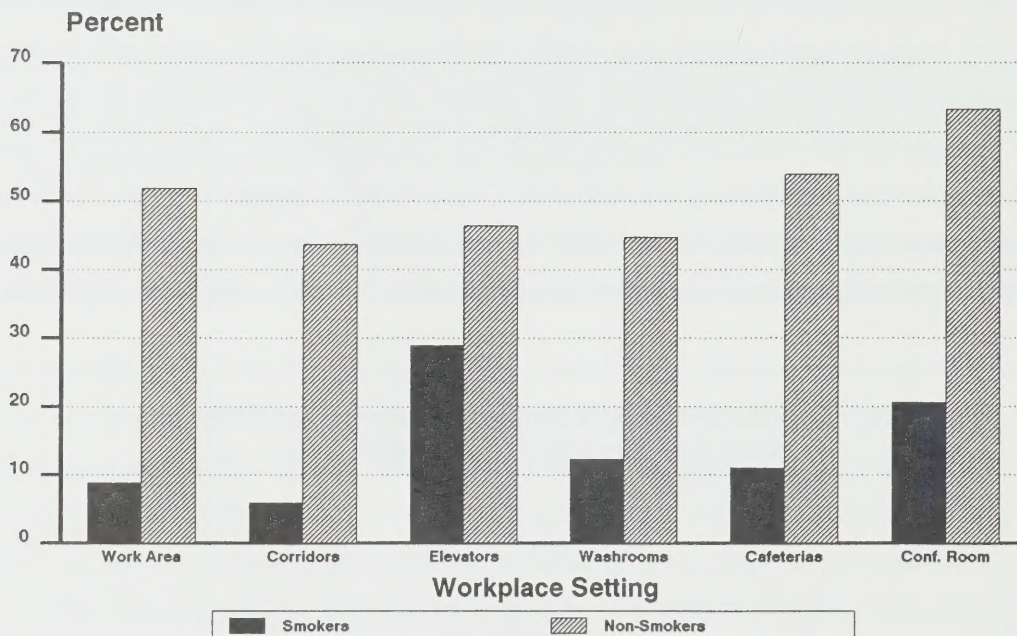
Figure 1. Current Smokers among National Health and Welfare Employees, by Age and Sex, August 1985



Complaints about Smoke in the Workplace

Respondents were asked to indicate the extent to which they were bothered by smoke in various workplace areas. Figure 2 indicates that among non-smokers about 62% cited conference rooms, 54% cited cafeterias, and 53% cited work areas as places where they were bothered by smoke. As expected, the percentage of smokers who indicated that they were bothered was less.

Figure 2. Employees Who Indicated They Were Bothered by Smoke in the Workplace, Employee Smoking Survey, Aug. 1985



Smoke-related Symptoms

Employees were asked to indicate if they had experienced a range of symptoms as a result of someone else's smoking at work. Table 1 indicates that among non-smokers, 66% complained about eye irritation, 48% cited nose irritation, 41% mentioned coughing/sneezing, 36% suffered headaches and 42% cited frustration/tension. Approximately 60% of non-smokers stated that they had concern for their long-term health as a result of smoke in the workplace. Smokers were less likely to attribute symptoms to the presence of tobacco smoke.

The attribution of a wide range of symptoms to tobacco smoke in the work environment is consistent with data reported in other studies.^{1,3} Even if there was no plausible link between exposure to tobacco smoke and

the subjective symptoms, the fact that employees attribute the symptoms to tobacco smoke may influence their attitudes toward the work environment and their employer.

Table 1. Symptoms Attributed to Tobacco Smoke in The Work Environment

Symptoms	Non-Smokers	Smokers
Eye irritation	66.1%	6.5%
Nose irritation	48.5	11.9
Coughing/Sneezing	41.0	6.5
Headaches	36.0	6.5
Sore throat	25.9	6.4
Nausea	19.1	4.3
Drowsiness	17.8	4.6
Dizziness	13.1	3.0
Frustration	42.1	4.1
Concern for health	59.6	13.6

Health Conditions

Respondents were also asked whether they suffered any of a number of diseases that are known to be exacerbated by tobacco smoke. Table 2 presents data relating to these health conditions.

Table 2. Percentage of Employees Who Reported a Health Condition Aggravated by Tobacco Smoke, by Sex, August 1985

Health Condition	Males	Females	Total
Hay fever	22.0%	24.9%	23.6%
Allergy	14.2	18.9	16.8
Bronchitis	5.5	10.6	8.4
Asthma	5.1	7.0	6.2
Angina	1.3	0.7	1.0
At least one health condition	34.9	39.7	37.6

The most common conditions were hay fever (24%) and allergy (17%). Bronchitis (8%), asthma (6%), and angina (1%) were mentioned less frequently. About 38% of the employee population reported at least one condition that is known to be aggravated by tobacco smoke.

Attitudes toward Smoking Restrictions

In the initial survey, there was widespread support for restrictions on smoking in the workplace. Approximately 80% of all employees, 67% of smokers and 93% of non-smokers, agreed with the statement that "in the long run, smoke in the workplace can adversely affect the health of smokers and non-smokers."

Approximately 80% of all employees agreed that "the most effective and desirable form of regulation is a ban on smoking in all areas except where special ventilation exists." About 65% of employees agreed with the statement that "the Department should provide special segregated areas even if it entails additional financial costs to modify existing ventilation systems." Sixty-one percent of employees agreed with the statement that "where special ventilation systems for smoking areas are too costly or impractical, there should be a total ban on smoking in the workplace." About 74% of non-smokers subscribed to this view compared to 27% of smokers; 66% of employees agreed with the statement that "the desire of non-smokers for a smoke-free work environment should prevail over the privilege of an employee to smoke in the workplace." Again, there were strong differences of opinion between smokers and non-smokers. Only 31% of smokers expressed agreement with the statement compared to 80% of non-smokers.

Employee Attitudes toward Work-Centred Smoking-cessation Programs

Respondents were asked a series of questions regarding smoking-cessation programs in the workplace. Over 80% of employees agreed with the statement, "the Department should provide smoking-cessation programs for those who wish to quit." Support for free smoking-cessation courses was not as strong. Only 55% of employees believed that "smoking-cessation programs should be free." The majority (53%) of employees who were current smokers indicated that they would enrol in a smoking-cessation course if it was offered at lunch time or after normal working hours.

Post-smoking Restriction Survey, February 1987

Selected Indicators of Program Impact

Table 3 presents selected indicators of the impact of workplace smoking restrictions 17 months after the initial survey. Each of the indicators suggests a reduction in the prevalence of smoking and smoking-related problems.

Table 3. Selected Indicators of the Impact of Workplace Smoking Restrictions

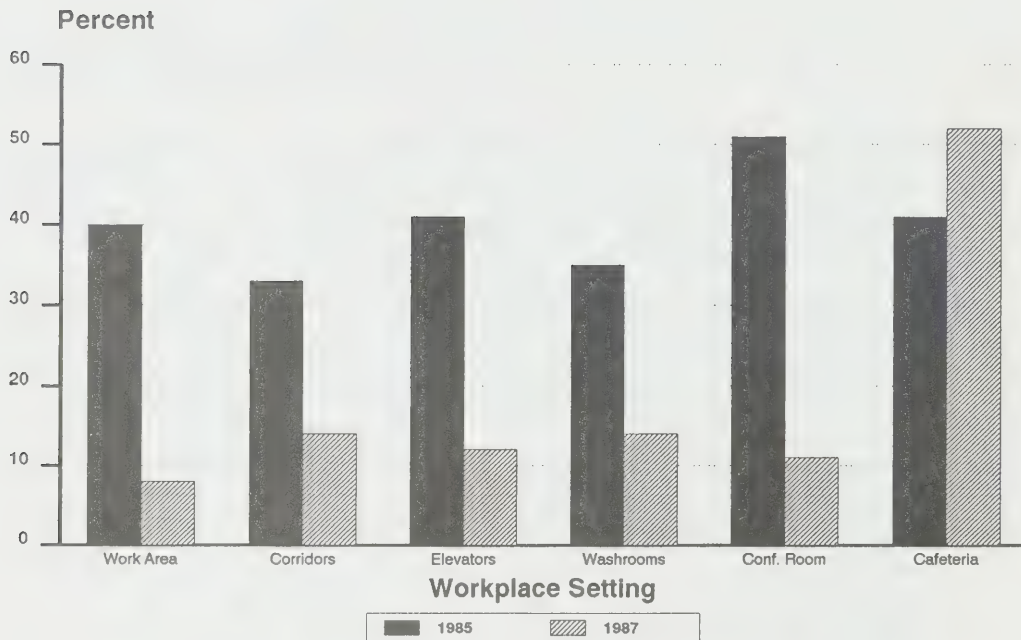
	Pre-smoking Restrictions August 1985		Post-smoking Restrictions February 1987	
			t	p
Smoking prevalence	29.0%	24.0%	3.06	<.001
Mean number of cigarettes per day	19.9	17.9	14.76	<.001
Mean number of cigarettes per day at work	11.6	8.2	5.98	<.001
Percent of employees who asked a fellow employee not to smoke in past year	30.0%	16.0%	11.19	<.001
Percent of employees who were asked by a fellow employee not to smoke in past year	36.0%	10.0%	10.49	<.001
Percent of employees who stated that smokers adhered to existing smoking guidelines	65.0%	82.0%	8.72	<.001

The mean number of cigarettes smoked per day is based on the number of cigarettes smoked per day by individuals who were current smokers at each survey.

Complaints about Smoke in the Workplace

As expected, the percentage of employees who indicated that they were 'bothered' by smoke in various workplace settings decreased in all settings except in cafeterias (Fig.3). In that setting, employee dissatisfaction increased between the two survey periods. Each of the worksite comparisons between survey periods was statistically significant. About 62% of employees indicated that the air quality at work had improved since the introduction of the new smoking policy.

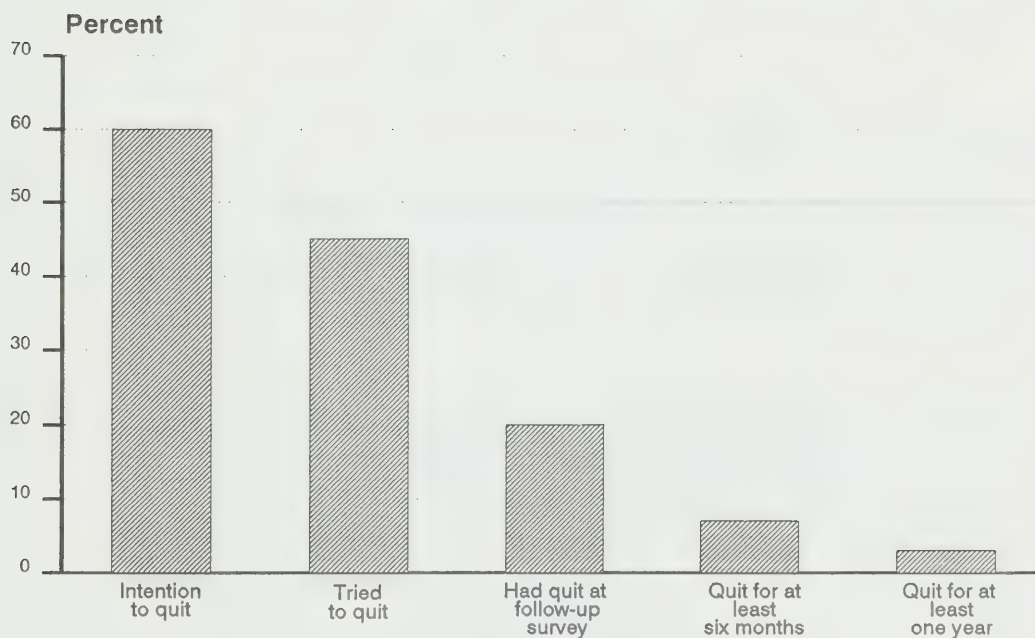
Figure 3. Employee Complaints about Smoke in the Workplace, by Work Setting, 1985 and 1987



Employee Smoking-cessation Efforts

Fig.4 depicts the course of smoking cessation in the employee population during the pre- and post-restriction period. In the pre-restriction period, 60% of smokers indicated they would cut down or quit smoking if further smoking restrictions were introduced. At the second survey, 46% of those who were smokers at the initial survey period indicated that they had tried to quit smoking during the past year. This rate compares to Labour Force Survey estimates which suggest that 37% of regular smokers attempt to stop smoking in a given year.⁶ Twenty percent of respondents who were smokers at the first survey indicated that they had quit smoking at the time of the follow-up survey, while 7% had not been smoking for 6 months, and 3% had not smoked for a year.

Figure 4. Selected Indicators of Smoking Cessation among Employees, 1985-1987



Mean Respirable Particulate Levels

Table 4 displays data on mean respirable suspended particulate concentrations at selected sites just prior to and one year after the smoking restrictions. On the selected floors of each building, there were statistically significant reductions in mean respirable particulate levels. Reductions ranged between 28% and 47% of levels noted in the pre-restriction period.

Table 4. Mean Respirable Suspended Particulate Levels($\mu\text{g}/\text{m}^3$), Pre- and Post-smoking Restrictions

	Pre-Smoking Restrictions		Post-Smoking Restrictions		t	p
	\bar{X}	SD	\bar{X}	SD		
Building A						
7th Floor	30	6	22	4	3.86	<.001
9th floor	28	9	22	4	2.20	<.05
Building B						
3rd floor	35	5	18	2	10.96	<.01
15th floor	47	4	25	4	11.95	<.001

Smoking-cessation Course Follow-up

Table 5 presents data relating to employees who registered for employer-sponsored smoking cessation courses and were followed up for one year. During the year, a number of courses were offered; therefore, these data refer to the initial group of 200 registrations in the 'Time to Quit' smoking-cessation program.

Table 5. Smoking-cessation Rates at Six-week, Six-month and One-year Follow-up of Employees Who Registered for Smoking-cessation Courses

Follow-up period	Cessation Rate Based on Prevalence of Non-Smoking	Continuous Quit Rate
	Total (200)	Total (200)
Six weeks	12.6%	12.6%
Six months	7.5	4.0
One year	8.5	3.5

At six-week follow-up, 13% of registrants had quit smoking. At six months, 8% had quit smoking and at one year follow-up, 9% reported that they were non-smokers. Observed differences in smoking-cessation rates between males and females at each follow-up were not statistically significant. These initial 200 registrations represented about 16% of the employee smoking population.

The preceding quit rates are based on the prevalence of smoking at various points in time and do not take into account the duration of smoking cessation. Continuous quit rates, which measure the length of time a person maintains his/her smoking-cessation status, suggest that 13% of program participants are quitters at six weeks, 4% maintain their non-smoking status for six months and 3% are able to quit for a year.

Discussion

There are a number of limitations in the study design that necessitate caution in drawing inferences. For a number of reasons, it was not possible to measure a control group before and after the new smoking policy. Consequently, it is not possible to assess the changes in smoking behaviour that might have occurred during the year without any intervention. The response rates in the two surveys were 62% in 1985 and 53% in 1987. Because limited personal data were collected, it is difficult to judge whether there may have been a systematic bias in the participation of smokers or non-smokers in the survey. Comparisons of the age/sex distributions of the samples with that of the employee population at the two survey periods suggest that the samples were representative. As an additional check on the data, I used retrospective data from the 1987 survey to estimate smoking prevalence in the employee population in the 1985 survey. These estimates were compared to the observed smoking prevalence rates in the 1985 survey. The 1987 retrospective data yielded smoking rates for 1985 that were not statistically different from the observed rates in 1985. This finding suggests that the participation of smokers and non-smokers was similar in both surveys, although it does not preclude the possibility of a bias in both surveys.

The decrease in smoking prevalence of 5% in the employee population compares to an annual decrement of 1 to 1.5% in the Labour Force Surveys on smoking. The work of Horn for the U.S. population would suggest that only 17% of smokers who quit smoking manage to quit for at least one year.⁷ This estimate would imply that the expected continuous one-year quit rate in the general smoking population is 0.2 to 0.3%. The sustained one-year quit rate in the total employee population was 2%; among those employees who participated in employer-sponsored smoking-cessation courses, the continuous one-year quit rate was 3%.

The continuous quit rate of 3% among the smokers who registered in the employer-sponsored self-help smoking cessation courses is comparable to the smoking-cessation rates observed in other self-help programs.⁸ Although this rate appears low in relation to quit rates of 10-15% in more intensive smoking-cessation programs,⁹ it should be assessed against the size of the population that is exposed to the program. A quit rate of 3% applied to a large base population may have more impact than programs with higher cessation rates that reach a smaller proportion of the smoking population.¹⁰

The implementation of limited smoking restrictions suggests that employees were receptive to, and supportive of, restrictions on smoking in the workplace. Many smokers welcomed the new restrictions because the work environment placed an additional set of constraints on their smoking behaviour and provided more institutional support for smoking-cessation efforts.

In general, objective measurements of air particulate concentrations support the view that the change in smoking policy led to an overall decrease in the exposure of the employee population to tobacco smoke. The decrease in smoking prevalence, the reduction in the number of cigarettes smoked per day at work and in total, and the decline in respirable particulate levels are positive indicators of a reduction in exposure to risk.

At the time of the implementation of the new restrictions, smoking was banned in all workplace areas except for designated smoking areas. In most buildings, cafeterias were designated as such. The choice of cafeterias posed a number of problems. In some buildings, smokers and non-smokers shared a common eating area. In other buildings, smokers and non-smokers were segregated in separate cafeteria rooms. The increase in employee complaints about smoke in the cafeterias is related to the fact that the cafeterias were not ventilated to exhaust the high concentration of tobacco smoke. Depending on the efficacy of a building's ventilation system, an undetermined proportion of total respirable particulates will be recirculated through the building.¹¹ This would account for the modest reduction in particulate levels observed in this study. It is known that the majority of carcinogens in tobacco smoke are present in sidestream smoke.¹² If smokers are assigned a designated smoking area that does not vent the smoke to the outside, their already high risk is increased by exposure to concentrated levels of sidestream smoke. When non-smokers share the area, they also are subject to the health risks of tobacco smoke.

The implication of these concerns for other agencies or organizations that plan to implement a ban on smoking in the workplace with the exception of designated areas is the need to ensure that the designated areas separate smokers and non-smokers, the smoke in designated areas is vented to the outside, and the smoke is not recirculated through the building's ventilation system. The 1985 Surgeon General's report concluded that involuntary smoking is a cause of disease and the simple separation of smokers and non-smokers within the same air space may reduce but does not eliminate the exposure of non-smokers to environmental tobacco smoke.¹³ The small reduction in exposure to suspended particulate levels observed in this study would support these conclusions.

The types of problems cited above are likely to be short-lived as the government has announced the intention to ban smoking in all public-service settings except for designated areas by October 1, 1987 and to ban smoking in all public-service settings by January 1, 1989. This decision will affect over 200 000 workers.

Acknowledgements

Dr. J. Kirkbride and Dr. H.K. Lee of the Occupational Health Unit, Medical Services Branch, Health and Welfare Canada provided data on respirable particulate concentrations. Prem Khosla of Analytical Services, Information Systems Directorate, Health and Welfare Canada assisted in data processing.

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Survey Questionnaire 1985



Health and Welfare
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SMOKING IN THE WORKPLACE A SURVEY OF EMPLOYEE OPINION

To the Respondent,

Would you please take ten minutes to complete this questionnaire. Your responses will be used in combination with answers from other employees for statistical purposes only. Your name need not appear on the questionnaire. Your comments are confidential.

Please complete the questionnaire within the next two days and return it to:

Mr. B.I. Driscoll
Director
Departmental Administrative Services
Room G.R. 72
Brooke Claxton Building
Tunney's Pasture, Ottawa

(Francaise au verso)

<p>1. How would you describe your current smoking status?</p> <p>Never Smoked 1 <input type="checkbox"/> } Skip to Question 5 Used to Smoke 2 <input type="checkbox"/> Currently Smoke 3 <input type="checkbox"/></p>		<p>8. If smoking-cessation programs were available free of charge in the workplace, how likely is it you would enroll if the programs were available <u>during the normal work period</u>?</p> <p>1 <input type="checkbox"/> Very unlikely 2 <input type="checkbox"/> Unlikely 3 <input type="checkbox"/> Likely 4 <input type="checkbox"/> Very likely</p>	Col 22
<p>2. If you are a current smoker, how many cigarettes, pipes, cigars or cigarillos do you smoke <u>per day</u>?</p> <p><input type="text"/> Number of cigarettes <input type="text"/> Number of cigars or cigarillos <input type="text"/> Number of pipefuls</p>	Col 6-7 Col 8-9 Col 10-11	<p>9. In the past year, has anyone asked you not to smoke around them at work?</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p>	Col 23
<p>3. In an average day, about how much do you smoke at work?</p> <p><input type="text"/> Number of cigarettes <input type="text"/> Number of cigars or cigarillos <input type="text"/> Number of pipefuls</p>	Col 1 12-13 Col 14-15 Col 16-17	<p>10. If the Department introduced a policy which restricted smoking at work, how do you think this would affect your overall smoking?</p> <p>1 <input type="checkbox"/> I would increase the total amount I smoke per day 2 <input type="checkbox"/> The amount I smoke per day would stay the same 3 <input type="checkbox"/> I would reduce the total amount I smoke 4 <input type="checkbox"/> I might try to quit smoking</p>	Col 24
<p>4. How many times have you tried to quit smoking in the past?</p> <p>1 <input type="checkbox"/> I have never tried 2 <input type="checkbox"/> Once or twice 3 <input type="checkbox"/> Several times (3-5 times) 4 <input type="checkbox"/> Many times (over 5)</p>	Col 18	<p>11. How many employees work in the same room as you do? (In an open landscape environment, a whole floor may be considered a room). Estimate.</p> <p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 - 5 3 <input type="checkbox"/> 6 - 10 4 <input type="checkbox"/> 11 - 25 5 <input type="checkbox"/> 26 - 50 6 <input type="checkbox"/> Over 50</p>	Col 25
<p>5. Do you think the Department should provide smoking-cessation programs to employees who wish to quit?</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p>	Col 19	<p>12. How many employees in your room smoke? Estimate.</p> <p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 - 5 3 <input type="checkbox"/> 6 - 10 4 <input type="checkbox"/> 11 - 25 5 <input type="checkbox"/> 26 - 50 6 <input type="checkbox"/> Over 50</p>	Col 26
<p>6. If smoking-cessation programs were made available, should employees be expected to pay for them?</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p> <p>If a Non-smoker - Skip to Question 11</p>	Col 20	<p>13. In the past year have you ever asked someone not to smoke around you at work?</p> <p>1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO</p>	Col 27
<p>7. If smoking-cessation programs were available free of charge in the workplace, how likely is it you would enroll if the programs were available at <u>lunchtime</u> or <u>after work</u>?</p> <p>1 <input type="checkbox"/> Very unlikely 2 <input type="checkbox"/> Unlikely 3 <input type="checkbox"/> Likely 4 <input type="checkbox"/> Very likely</p>	Col 21		

<p>14. Please indicate the extent to which you are bothered by smoke in the following workplace areas.</p> <table border="0"> <thead> <tr> <th></th> <th>Always</th> <th>Some- times</th> <th>Seldom</th> <th>Never</th> <th></th> </tr> </thead> <tbody> <tr> <td>Immediate work setting</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>Col 28</td> </tr> <tr> <td>Hallways and corridors</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>Col 29</td> </tr> <tr> <td>Elevators</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>Col 30</td> </tr> <tr> <td>Washrooms</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>Col 31</td> </tr> <tr> <td>Cafeterias</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>Col 32</td> </tr> <tr> <td>Conference Rooms</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>Col 33</td> </tr> </tbody> </table>		Always	Some- times	Seldom	Never		Immediate work setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Col 28	Hallways and corridors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Col 29	Elevators	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Col 30	Washrooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Col 31	Cafeterias	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Col 32	Conference Rooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Col 33		<p>17. 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<p>15. Please indicate if any of the following happen to you as a result of someone else smoking at work. (Please answer all questions.)</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td>Headaches</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 34</td> </tr> <tr> <td>Coughing/sneezing</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 35</td> </tr> <tr> <td>Eye irritation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 36</td> </tr> <tr> <td>Nose irritation/congestion</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 37</td> </tr> <tr> <td>Sore throat</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 38</td> </tr> <tr> <td>Nausea</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 39</td> </tr> <tr> <td>Concern for long-term health</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 40</td> </tr> <tr> <td>Frustration/tension</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 41</td> </tr> <tr> <td>Drowsiness</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 42</td> </tr> <tr> <td>Dizziness</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 43</td> </tr> <tr> <td>Clothes and hair smell</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 44</td> </tr> <tr> <td>Interference with work</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 45</td> </tr> <tr> <td>Performance</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>Col 46</td> </tr> <tr> <td>Other (specify) _____</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Yes	No		Headaches	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 34	Coughing/sneezing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 35	Eye irritation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 36	Nose irritation/congestion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 37	Sore throat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 38	Nausea	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 39	Concern for long-term health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 40	Frustration/tension	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 41	Drowsiness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 42	Dizziness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 43	Clothes and hair smell	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 44	Interference with work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 45	Performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Col 46	Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>																																	
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<p>18. Are you <u>aware</u> of existing Health and Welfare guidelines regarding smoking in the workplace?</p> <p>I am aware and familiar with the content of the guidelines 1 <input type="checkbox"/></p> <p>I am aware, but do not know the content of the guidelines. 2 <input type="checkbox"/> } Go to Question 20</p> <p>I am unaware and I don't know what guidelines are in place. 3 <input type="checkbox"/></p>	Col 63
<p>19. In your view, are existing guidelines regarding smoking...</p> <p>(a) followed by smokers? Yes No 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>(b) encouraged or supported by managers? 1 <input type="checkbox"/> 2 <input type="checkbox"/></p>	Col 64 Col 65
<p>20. What suggestions or advice would you offer to ensure a fair and effective policy regarding smoking in the workplace?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	Col 66
<p>21. What suggestions or advice would you offer regarding the implementation of a new policy on smoking in the workplace? i.e. (timing, enforcement, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	Col 67
<p>NOW WE WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOURSELF FOR THE PURPOSES OF STATISTICAL ANALYSIS.</p>	
<p>22. Which Branch of Health and Welfare do you work for?</p> <p>1 <input type="checkbox"/> Corporate Management 7 <input type="checkbox"/> Intergovernmental and International Affairs</p> <p>2 <input type="checkbox"/> Fitness and Amateur Sport 8 <input type="checkbox"/> Medical Services</p> <p>3 <input type="checkbox"/> Health Protection 9 <input type="checkbox"/> Minister's Office</p> <p>4 <input type="checkbox"/> Income Security Programs 10 <input type="checkbox"/> Office of Deputy Minister</p> <p>5 <input type="checkbox"/> Health Services and Promotion 11 <input type="checkbox"/> Personnel Administration</p> <p>6 <input type="checkbox"/> Social Services Programs 12 <input type="checkbox"/> Policy Planning and Information</p>	Col 68-69

23. Which Building do you work in? Please check the appropriate address code.

Col 70-71

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Aselford Martin Building
1728 Woodward Drive | <input type="checkbox"/> | 13. Journal Tower South
365 Laurier Avenue West | <input type="checkbox"/> |
| 2. Bonaventure Building
301 Elgin Street | <input type="checkbox"/> | 14. Jeanne Mance Building
Tunney's Pasture | <input type="checkbox"/> |
| 3. Brooke Claxton Building
Tunney's Pasture | <input type="checkbox"/> | 15. Kent Square
225 Albert Street
(Olympic Office) | <input type="checkbox"/> |
| 4. Brooke Claxton Building
Finance Annex | <input type="checkbox"/> | 16. Kelly Building
35 McArthur Road | <input type="checkbox"/> |
| 5. 775 Brookfield Road
Confederation Heights | <input type="checkbox"/> | 17. LCDC Building
Tunney's Pasture | <input type="checkbox"/> |
| 6. Carleton Refrigeration Building
1481 Michael Street | <input type="checkbox"/> | 18. Occupational Health Unit
Tunney's Pasture | <input type="checkbox"/> |
| 7. Chomley Building
400 Cooper Street | <input type="checkbox"/> | 19. Place Vanier
Tower A
355 River Road | <input type="checkbox"/> |
| 8. Environmental Health Building
Tunney's Pasture | <input type="checkbox"/> | 20. Place Vanier
Tower B
355 River Road | <input type="checkbox"/> |
| 9. Fontaine Building
Sacré-Cœur and Laurier | <input type="checkbox"/> | 21. SBI Building
2323 Riverside Drive | <input type="checkbox"/> |
| 10. Frederick G. Banting Building
Ross Avenue | <input type="checkbox"/> | 22. 149 de la Savanne
Pointe-Gatineau | <input type="checkbox"/> |
| 11. Health Protection Building
Tunney's Pasture | <input type="checkbox"/> | 23. Union Electric Building
370 Catherine Street | <input type="checkbox"/> |
| 12. Jackson Building
Bank Street | <input type="checkbox"/> | 24. Virus Building
Tunney's Pasture | <input type="checkbox"/> |
| | | 25. Other (specify): _____ | |

24. Which floor do you work on?

Col 72-73

- Basement ☐
- Ground or main ☐
- Other ☐ (write in number)

25. Sex

Col 74

- 1 ☐ Male
- 2 ☐ Female

26. What is your age? (last birthday) years

Col 75-76

THANK YOU FOR YOUR COOPERATION

COMMENTS

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Survey Questionnaire 1987



Health and Welfare
Canada

Santé et Bien-être social
Canada

Col 1-4

SMOKING IN THE WORKPLACE A SURVEY OF EMPLOYEE OPINION

To the Respondent,

As you recall, changes in the policy regarding smoking in the workplace were introduced in January 1986. Senior management has requested a follow-up survey of employees to assess the impact of the new smoking policy. We would appreciate your completion of this questionnaire on the understanding that your responses will be used in combination with answers from other employees for statistical purposes only. Your name need not appear on the questionnaire. Your comments are confidential.

Please complete the questionnaire and return it within three days by interoffice mail to:

Mr. B.I. Driscoll
Director
Departmental Administrative Services
c/o Departmental Mail Room
Brooke Claxton Building
Tunney's Pasture, Ottawa

Thank you for your cooperation.

(Français au verso)

<p>1. How would you describe your current smoking status?</p> <p>Never smoked 1 <input type="checkbox"/> Skip to Question 10</p> <p>Used to smoke 2 <input type="checkbox"/> Skip to Question 7</p> <p>Currently smoke 3 <input type="checkbox"/></p>	Col 5	<p>8. Did you use any of the following to quit smoking? (Check as many as applied to you.)</p> <p>Yes No</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Time to Quit, employee smoking-cessation course</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Butt Out, employee smoking-cessation course</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Smokenders</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Other smoking cessation clinic</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Saw a doctor</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Consulted a psychologist</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Quit on own without help</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Hypnosis</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> Acupuncture</p> <p>Other, please specify _____</p>	Col 24 Col 25 Col 26 Col 27 Col 28 Col 29 Col 30 Col 31 Col 32 Col 33
<p>Current Smoker</p> <p>2. <u>If you are a current smoker</u>, how many cigarettes, pipes, cigars or cigarillos do you smoke <u>per day</u>?</p> <p><input type="text"/> Number of cigarettes</p> <p><input type="text"/> Number of cigars or cigarillos</p> <p><input type="text"/> Number of pipefuls</p>	Col 6-7 Col 8-9 Col 10-11		
<p>3. In an average day, about how much do you smoke at work?</p> <p><input type="text"/> Number of cigarettes</p> <p><input type="text"/> Number of cigars or cigarillos</p> <p><input type="text"/> Number of pipefuls</p>	Col 12-13 Col 14-15 Col 16-17		
<p>4. How many times have you tried to quit smoking in the past?</p> <p>1 <input type="checkbox"/> I have never tried</p> <p>2 <input type="checkbox"/> Once or twice</p> <p>3 <input type="checkbox"/> Several times (3-5 times)</p> <p>4 <input type="checkbox"/> Many times (over 5)</p>	Col 18	<p>9. People try to quit smoking for many reasons. Please indicate the reasons you had for quitting smoking. (Check as many as applied to you.)</p> <p>1 <input type="checkbox"/> Concern for present health</p> <p>2 <input type="checkbox"/> Concern for future health</p> <p>3 <input type="checkbox"/> Cost of cigarettes</p> <p>4 <input type="checkbox"/> Advice from my doctor</p> <p>5 <input type="checkbox"/> Pressure from friends and family and others</p> <p>6 <input type="checkbox"/> Effect my smoking had on others</p> <p>7 <input type="checkbox"/> Restrictions on smoking in public places</p> <p>8 <input type="checkbox"/> Restrictions on smoking in workplace</p> <p>9 <input type="checkbox"/> Other, please specify _____</p>	Col 34 Col 35 Col 36 Col 37 Col 38 Col 39 Col 40 Col 41 Col 42
<p>5. Have you tried to quit smoking in the past year?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Col 19	<p>All Respondents</p> <p>10. Have you experienced discomfort from smoking in the following workplace settings within the past year?</p> <p>Always Often Seldom Never</p> <p>Immediate work setting 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>Hallways and corridors 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>Washrooms 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>Elevators 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>Cafeterias 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>Conference rooms 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>	Col 43 Col 44 Col 45 Col 46 Col 47 Col 48
<p>6. In the past year, has anyone asked you not to smoke around him/her <u>at work</u>?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Col 20		
<p>Used to Smoke</p> <p>7. Have you quit smoking within the past year?</p> <p>1 <input type="checkbox"/> Yes If yes, for how many months have you been a non-smoker? <input type="text"/> months</p> <p>2 <input type="checkbox"/> No</p>	Col 21 Col 22-23	<p>11. In the past year, have you ever asked someone not to smoke around you <u>at work</u>?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	Col 49

<p>12. As you may recall, the current Health and Welfare smoking policy prohibits smoking in all workplace areas except for specially designated areas.</p> <p style="text-align: right;">Yes No</p> <p>In your view, do smokers adhere to the new smoking policy? 1 <input type="checkbox"/> 2 <input type="checkbox"/> Col 50</p> <p>Do you think that the air quality in your work environment has improved since the new smoking policy was implemented? 1 <input type="checkbox"/> 2 <input type="checkbox"/> Col 51</p> <p>If smoking continues to be permitted in designated areas, are you in favour of the installation of separate ventilation systems to exhaust the tobacco smoke? 1 <input type="checkbox"/> 2 <input type="checkbox"/> Col 52</p>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>Now, We Would Like to Ask You Two Questions about Yourself for the Purposes of Statistical Analysis</p> </div> <p>13. Sex</p> <p>1 <input type="checkbox"/> male</p> <p>2 <input type="checkbox"/> Female</p>
	<p>14. What is your age (last birthday) <input type="text"/> <input type="text"/> years</p>

[illegible]

